

IOWA OPERATING PERMIT APPLICATION – PART 1  
Form ME-01 CONTINUOUS MONITORING SYSTEMS

Duplicate and complete this form for  
EACH piece of MONITORING EQUIPMENT

1) Company/Facility Name		2) EIQ No.		3) Form ME-01 page one Page ____ of ____	
<b>Continuous Monitoring System (CMS) Description</b>					
4) Monitoring Equipment No.		5) Name of Manufacturer		6) Model Name – Model Number – Model Year	
				7) Date of Installation	
8) Type of Monitor (Check all that apply)				9) Measurement Basis:	
<input type="checkbox"/> Point In Situ <input type="checkbox"/> Path In Situ <input type="checkbox"/> Extractive				<input type="checkbox"/> Wet <input type="checkbox"/> Dry	
<input type="checkbox"/> Dilution <input type="checkbox"/> Other (Specify): _____					
10) Pollutant(s)/Parameter(s) Monitored by CMS (Check all that apply to THIS monitor):					
<input type="checkbox"/> SO <sub>2</sub> <input type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> CO <input type="checkbox"/> Opacity					
<input type="checkbox"/> TRS <input type="checkbox"/> H <sub>2</sub> S <input type="checkbox"/> HCL <input type="checkbox"/> Total Hydrocarbons (VOC)					
<input type="checkbox"/> Diluent O <sub>2</sub> <input type="checkbox"/> Diluent CO <sub>2</sub> <input type="checkbox"/> Other (Specify): _____					
<b>ASSOCIATED EQUIPMENT</b>					
11) Emission Point No.		12) Emission Unit Nos. (List all)			
<b>13) MONITOR OPERATIONS</b>					
Fill out this question by completing one box for each type of parameter or pollutant you identified in question 10. For example if the CMS monitors NO <sub>x</sub> and SO <sub>2</sub> , you would use two of the following boxes, one for NO <sub>x</sub> and one for SO <sub>2</sub> . After completing the section(s) below continue to page 2 of ME-01.					
a) FIRST Type of Pollutant/Parameter: _____					
b) Has a Performance Specification Test of the monitor (for this pollutant/parameter) been done?      40 CFR 60 Appendix B <input type="checkbox"/> Yes <input type="checkbox"/> No 40 CFR 75 Appendix A <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes for either – Date test performed: _____ Did it pass? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c) What was the Span Value for this pollutant/parameter? _____					
d) How did you determine the Span Value: <input type="checkbox"/> The requirements of the applicable rule <input type="checkbox"/> The procedures outlined in 40 CFR 60 App. B					
<input type="checkbox"/> 1 ½ time the emission limit <input type="checkbox"/> The procedure outlined on 40 CFR 75 App. A					
<input type="checkbox"/> Other (Specify): _____					
a) SECOND Type of Pollutant/Parameter: _____					
b) Has a Performance Specification Test of the monitor (for this pollutant/parameter) been done?      40 CFR 60 Appendix B <input type="checkbox"/> Yes <input type="checkbox"/> No 40 CFR 75 Appendix A <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes for either – Date test performed: _____ Did it pass? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c) What was the Span Value for this pollutant/parameter? _____					
d) How did you determine the Span Value: <input type="checkbox"/> The requirements of the applicable rule <input type="checkbox"/> The procedures outlined in 40 CFR 60 App. B					
<input type="checkbox"/> 1 ½ time the emission limit <input type="checkbox"/> The procedure outlined on 40 CFR 75 App. A					
<input type="checkbox"/> Other (Specify): _____					
a) THIRD Type of Pollutant/Parameter: _____					
b) Has a Performance Specification Test of the monitor (for this pollutant/parameter) been done?      40 CFR 60 Appendix B <input type="checkbox"/> Yes <input type="checkbox"/> No 40 CFR 75 Appendix A <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes for either – Date test performed: _____ Did it pass? <input type="checkbox"/> Yes <input type="checkbox"/> No					
c) What was the Span Value for this pollutant/parameter? _____					
d) How did you determine the Span Value: <input type="checkbox"/> The requirements of the applicable rule <input type="checkbox"/> The procedures outlined in 40 CFR 60 App. B					
<input type="checkbox"/> 1 ½ time the emission limit <input type="checkbox"/> The procedure outlined on 40 CFR 75 App. A					
<input type="checkbox"/> Other (Specify): _____					

Duplicate this form as needed      TYPE OR PRINT ALL INFORMATION      (DNR Form 542-1484, p.1. August 1, 2001)

